

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention

Request for Applications (RFA) No. SP03-004

Cooperative Agreements for

State Incentive Enhancement Grants Short Title: SIG Enhancement Grant

Part I- Programmatic Guidance

Application Receipt Date: January 17, 2003

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Date of Issuance: November, 2002

Catalog of Federal Domestic Assistance (CFDA) No. 93.243

Authority: Section: 516 of the Public Health Service Act, as amended and subject to the availability of funds

*This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2003 to permit funding of a reasonable number of applications being hereby solicited. This program is being announced in order to allow applicants sufficient time to plan and to prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications. Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under Contacts for Additional Information in this announcement.

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[Note to Applicants: To prepare a complete application, “Part II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements,” must be used in conjunction with this document, “Part I - Programmatic Guidance.”]

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration.

Purpose of this Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, is accepting applications for Fiscal Year 2003 cooperative agreements to support three-year State Incentive Enhancement grants to enable States and Territories (hereinafter called "States") to build on the prevention infrastructure established through the State Incentive Grant (SIG) Program in order to address additional key prevention priorities.

It is expected that approximately \$8 million will be available for 10-12 awards (ranging from \$500,000 to \$750,000 in total direct and indirect costs) in FY 2003. Actual funding levels will depend on the availability of funds and State needs. Cost-sharing is not required for this program. The amount of funds available will depend on the appropriation.

Awards may be requested for three (3) years.

Who Can Apply?

Because this program is intended to help States enhance the prevention infrastructure established through their SIG grants, eligible applicants for the SIG Enhancement cooperative agreements are limited to the Office of the Governor in those current or former SIG States that received a SIG award prior to August 2001.

Application Kit

SAMHSA application kits include the following:

- 1. PHS 5161-1** - (*revised July 2000*) - Includes the Face Page, Budget forms, Assurances, Certifications and Checklist.
- 2. PART I** - of the Program Announcement (PA) or Request for Applications (RFA) includes instructions for the specific grant or cooperative agreement application. This document is Part I.
- 3. PART II** - of the Program Announcement (PA) or Request for Applications (RFA)- provides general guidance and policies for SAMHSA grant applications. The policies in Part II that apply to this program are listed in this document under "Special Considerations and Requirements."

You must use all of the above documents of the kit in completing your application.

How to Get an Application Kit:

- Call: The National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686; TDD: 1-800 487-4889; or Download from the SAMHSA website at www.SAMHSA.gov. Go to the "Grants Opportunities" link.
- Download **Part I, Part II and the PHS 5161-1** of the application kit from the SAMHSA web site at www.samhsa.gov. Click on "Grant Opportunities" and then "Current Grant Funding Opportunities."

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

**Change the zip code to 20817 if you use express mail or courier service.

All applications MUST be sent via a recognized commercial or governmental carrier. Hand carried applications will not be accepted. Faxed or e-mailed applications will not be accepted. You will be notified by letter that your application has been received.

Be sure to type “SP 03-004 SIG Enhancement Grant” in Item Number 10 on the Face Page of the Application Form.

If you require a phone number for delivery, you may use (301) 435-0715.

Application Due Date

Your application must be received by Friday, January 17, 2003.

Applications received after this date must have a proof-of-mailing date from the carrier before Friday, January 10, 2003.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Dave Robbins or Patricia Getty
Division of State and Community Systems
Development
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services
Administration
Rockwall II, Suite 930
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2068
E-Mail: [drobbins@samhsa.gov](mailto:d Robbins@samhsa.gov)
pgetty@samhsa.gov

For questions on grants management issues, contact:

Stephen Hudak
Division of Grants Management
Substance Abuse and Mental Health Services
Administration/OPS
5600 Fishers Lane/ Rockwall II, 6th floor
Rockville, MD 20857
(301) 443-9666
shudak@samhsa.gov

Cooperative Agreements

These SIG Enhancement Grant awards are being made as cooperative agreements because they require substantial Federal staff involvement.

Role of Federal Staff:

- Provide guidance and technical assistance to help awardees achieve SIG Enhancement Grant goals (See Goal 1 and Goal 2 under Program Overview, below.)

- Participate on policy, steering, advisory, or other workgroups.
- Monitor and review progress of SIG Enhancement grant, including conducting State and community site visits.
- Provide access to model program data that will help awardees identify, select and replicate science-based community prevention programs.
- Review and approve the State's subrecipient contracting mechanism.
- Facilitate support from the Centers for the Application of Prevention Technologies (CAPTs). See Appendix A, Applicant Resources.

Role of State Awardee:

- Comply with the terms of the SIG Enhancement Grant Cooperative Agreement.
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA).
- Collaborate with CSAP staff in all aspects of the terms and conditions of the SIG Enhancement Grant Cooperative Agreement.
- Participate in SIG Cross Site Evaluation

Role of State's SIG Advisory Committee:

- Continue to represent the Office of the Governor and diverse stakeholders of the State, including:
 - ✓ relevant state agencies
 - ✓ local community prevention organizations

- ✓ prevention providers
- ✓ local anti-drug coalitions
- ✓ youth and family groups
- ✓ health care organizations
- ✓ representation from newly identified target population

- Ensure that the committee chair appointed by the Governor is actively involved in the SIG Enhancement Grant.
- Provide prevention coordination and support to the Governor and strategic and operational advice to the SIG Enhancement Grant.
- Coordinate with other State committees.
- Convene SIG Enhancement startup meeting within 45 days of award and continue to hold regularly scheduled meetings.

SIG Advisory Committee milestones should include:

- Establishing new workgroups and committees to support the SIG Enhancement Grant goals and objectives
- Developing a workplan for the SIG Enhancement Grant
- Enhancing the State's Prevention data infrastructure capacity
- Enhancing the State's Prevention Plan to include the newly identified target population
- Establishing mechanisms for SIG Enhancement subrecipient awards.

Award Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as identified by the Peer Review Committee and approved by the Center for Substance Abuse Prevention's National Advisory Council.
2. Availability of funds

Post Award Requirements

1. Reports: SIG Enhancement Grantees are required to submit:

- Semi-annual fiscal and progress reports
- Annual fiscal and progress reports
- Final report summarizing accomplishments and outcomes. (CSAP report formats will be provided following award.)

2. Grantees must inform the CSAP Project Officer of any publications developed in the course of the SIG Enhancement Grant.

Government Performance and Results Act (GPRA)

Grantees must provide information needed by SAMHSA to comply with the Government Performance and Results Act (GPRA) reporting requirements.

GPRA mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements.

GPRA measures required for the State Incentive Grant are provided in Appendix B, Data Reporting Requirements.

- **SIG Enhancement grant awardees will be required to report on the following GPRA measures:**

State Data Infrastructure Measures (Goal 1)

Improve data infrastructure by increasing:

- a) information technology systems
- b) trained staff
- c) support services
- d) integration of database systems

Community Based Measures (Goal 2)

- a) Reduce past 30-day use of illicit drugs, tobacco and alcohol binge drinking
- b) Increase age of first use
- c) Increase perception of risk for substance abuse
- d) Increase disapproval of use
- e) Decrease intention to use

Program Overview

Background and Purpose

The SIG Enhancement grants are a direct extension to the successful State Incentive Cooperative Agreements, which have given the Governors of 41 States and Territories the opportunity to streamline, strengthen and enhance their State substance abuse prevention systems and to fill gaps in programs and services to address the widespread problems related to substance abuse among youth and young adults.

These Enhancement grants are designed to build and expand on the many successful State prevention systems and programs. They are intended to fulfill SAMHSA's overall goal of increasing the capacity and effectiveness of

States and communities as they respond to the critical problems related to substance abuse nationwide.

In particular, the SIG Enhancement grants will allow SIG States to focus on three key SAMHSA priorities:

- 1) further develop the States' substance abuse prevention data infrastructure and capacity to collect and analyze outcome data and report on key performance measures;
- 2) fill additional gaps in targeted community-based services related to specific substance abuse prevention/early intervention needs identified by the States and that respond to SAMHSA priorities; and
- 3) support and promote evidence-based prevention programs in communities that have established working community coalitions and are targeting critical drug problems for specific populations.

SIG Enhancement Program Requirements:

SIG Enhancement grant applicants are required to address two goals in their applications:

- **Goal 1-- Enhance State Prevention Data Infrastructure Capacity**
- **Goal 2-- Address Gaps in Prevention and Early Intervention Programs and Services to Meet the Needs of Newly Identified Target Population (ages 18-25 or 0-6)**

Goal 1: Enhance State Prevention Data Infrastructure Capacity:

SIG Enhancement awardees must enhance the States' prevention data infrastructure and the capacity to collect and analyze prevention data at the provider, sub-State and State levels, including valid core performance measures for accountability reporting. In carrying out Goal 1, SIG Enhancement awardees must develop strategies to meet the following objectives:

- Objective 1: Continue to collect, analyze and report on community- and program-level outcome data from communities supported by SIG funds through end-of-program assessments (e.g., through post-tests or follow-ups).
- Objective 2: Create new data infrastructure and capacity directed to new target population with discrete needs for programs and services.
- Objective 3: Support transitional planning for State data infrastructure for future Performance Partnership Grants

Use of Goal 1 Funds

Grantees may use up to 20 percent of their SIG Enhancement funds to support Goal 1.

Goal 2: Address Gaps in Prevention and Early Intervention Programs and Services to Meet the Needs of Newly Identified Target Population (ages 18-25 or 0-6).

SIG Enhancement awardees must select one of two newly identified target populations and fill additional gaps in programs and services for this target population through: 1) technical assistance and 2) implementation of evidence-based programs.

In carrying out Goal 2, SIG Enhancement awardees are required to address one of two newly identified SIG target populations:

- **Youth and young adults (ages 18-25); or**
- **Very young children (ages 0-6)**

Description of Goal 2 Target Populations

- **Prevention and early intervention for young adults (18-25)** involves reducing the progression of substance abuse and use among those who have already begun;

In designing and implementing appropriate prevention programs and services for this age group, awardees should consider the following SAMHSA priorities where suitable, applicable and appropriate:

- ✓ providing prevention and early intervention in those settings most appropriate to reach the targeted age group (e.g.– workplace, college or other appropriate settings) or to high risk populations, such as the homeless, those at risk of becoming homeless, and people with HIV/AIDS.
- ✓ targeting youth with mental health disorders to prevent co-occurring (substance abuse) disorders.
- ✓ providing workplace interventions and EAP services in communities with a special emphasis on those that might be affected by “homeland security” challenges and emergencies
- **Prevention and early intervention for very young children (0-6)**
Involves preventing onset of substance use in later years. In particular, States

targeting this population should seek to: increase access to needed services and coordinated care; strengthen families and interaction between children and care givers in early childhood; strengthen development of children to achieve successful outcomes; and build more coordinated, integrated service delivery systems.

In designing and implementing appropriate prevention programs and services for this age group, awardees should consider the following SAMHSA priorities where suitable, applicable and appropriate:

- ✓ Settings where young children and their families receive services including primary care and other health care settings, early childhood settings-- preschool, Head Start, child care programs--and elementary school programs.
- ✓ At risk or high risk families - parents with mental health and/or substance use problems (co-occurring) or other high risk conditions; families involved with child welfare system.
- ✓ Strategies focused on family engagement and involvement and cultural competence.
- ✓ Development of integrated service collaborations across multiple systems including health, mental health, early childhood, education, and child welfare.

Use of Goal 2 Funds:

- ✓ Awardees must use at least 80 percent of their total SIG Enhancement funds to support Goal 2.

- ✓ To provide a viable State prevention infrastructure to support enhancements targeted to these newly identified age groups, some applicants may need to use SIG Enhancement funds to build the capacity of their current SIG Advisory Committees and other prevention mechanisms and resources.
- ✓ Grantees who need to build such capacity should devote the initial phase of their Enhancement program and up to 15 percent of their first year Goal 2 funds for State-level capacity development.

Example: A State receiving \$500,000 would use at least 80 percent of its funds, or \$400,000, in support of Goal 2. Out of that \$400,000 it could use up to 15 percent (\$60,000) to support State-level capacity development.

What to Include in Your Application

For your application to be complete, it must include the following in the order listed. Check off areas as you complete them for your application.

❑ 1. FACE PAGE

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the RFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

❑ 2. ABSTRACT

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

❑ 3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

❑ 4. BUDGET FORM

Standard Form (SF) 424A, which is part of the PHS 5161-1 is to be used for the budget. Fill out sections B, C, and E of the SF 424A. Follow instructions in Appendix B of Part II of the RFA.

❑ 5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION

The Project Narrative describes your project. It consists of Sections A through D. These sections may not total more than 25 pages. More detailed information about Sections A-D follows Item 10 of this checklist.

Section A – State Data Prevention Infrastructure Enhancement Plan

Section B – Plan for Meeting Prevention/Early Intervention Needs of Newly Identified Target Population

Section C – Project Management and Staffing Plan

Section D – State-wide Data Collection and Evaluation Plan

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This Supporting Documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

G Section E - Literature Citations. This section must contain complete citations, including titles, dates, and all authors, for any literature you cite in your application.

G Section F - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project. **(See Part II of the grant announcement, Example A, Justification).**

G Section G - Biographical Sketches and Job Descriptions (where applicable)

- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from the individual with a current biographical sketch.
- Include job descriptions for key personnel. They should not be longer than **1 page**.
- **Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.**

G Section H - SAMHSA's Participant Protection. The elements you need to address in this section are outlined after the Project Narrative description in this document.

☐ **6. APPENDICES 1-3**

- Use only the appendices listed below.
- **Do not** use appendices to extend or replace any of the sections of the Project Narrative unless specifically required in this RFA (reviewers will not consider them if you do).
- **Do not** use more than **30** pages (plus all instruments) for the appendices.

Appendix 1: Letters of Coordination/Support (See Part II of this RFA, Coordination with Other Federal/Non Federal Programs)

Appendix 2: Data Collection Initiatives/Interview Protocols (See Item 4 of SAMHSA's Participant Protection Requirements, immediately following the Project Narrative section, below.)

Appendix 3: Sample Consent Forms (See Item 6 of SAMHSA's Participant Protection Requirements, immediately following the Project Narrative section, below.)

☐ **7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

☐ **8. CERTIFICATIONS**

Use the "Certifications" forms, which can be found in PHS 5161-1. See Part II of the RFA for instructions.

❑ 9. DISCLOSURE OF LOBBYING ACTIVITIES (See form in PHS 5161-1)

Appropriated funds, other than for normal and recognized executive-legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. (Please read **Part II** of the RFA, General Policies and Procedures for all SAMHSA applications for additional details.)

❑ 10. CHECKLIST (Found in the PHS 5161)

You must complete the Checklist. See Part II Appendix C of the RFA for detailed instructions.

Project Narrative

Sections A through D.

In developing your application, use the instructions below that have been tailored to the SIG Enhancement Grant. These are to be used in lieu of the “Program Narrative” instructions found in the PHS 5161 on page 21.

Sections A through D are the Project Narrative of your application. These sections describe what you intend to do to fulfill the requirements of the SIG Enhancement Grant. Below you will find detailed information on how to respond to

Sections A through D. Sections A through D may not total more than 25 pages.

- **Your application will be reviewed and scored against the requirements described below for sections A through D. These sections also function as review criteria.**
- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- The number of points after each main heading shows the maximum number of points a review committee may assign to that category.
- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.
- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assigned based on how well you address cultural competency aspects of the review criteria. SAMHSA’s guidelines for cultural competence are included in Part II of the RFA, Appendix 4.

Section A: State Prevention Data Infrastructure Enhancement Plan (Goal 1) (25 points)

Applicants should provide a feasible plan to increase the State’s data capacity at the provider, sub-State and State levels. The plan must include the following:

- Provide a feasible plan for additional collection, analysis and reporting of community and program-level outcome data in communities supported by previous SIG funds.

- Identify the State’s current capacity and any additional data collection and analysis required to assess the needs of the newly selected targeted population.
- Discuss the State’s current capacity and any additional data collection and analysis required to assess prevention/early intervention programs and services for the newly selected target population.
- Identify the capacity of the State data infrastructure to document CSAP’s core performance measures in capacity, process and outcome areas.

Section B: Plan for Meeting Prevention/Early Intervention Needs of Newly Selected Target Population (45 points)

Provide a Plan with a methodology for addressing the prevention needs of the State’s newly selected target population following the six broad objectives outlined below.

1. Description of Newly Selected Target Population

Identify and characterize the newly selected target population in your State. Include all pertinent demographic and geographic information to provide an overall “snapshot” of this population.

2. Needs of the Newly Selected Target Population

Describe in detail the substance abuse prevention needs of the selected target population in your State.

- ✓ Identify extent of the substance abuse problems affecting the target population, and factors that contribute to such problems.

- ✓ Reference data and/or information from Federally supported needs assessments and surveys including the National Household Survey (now renamed as the National Survey on Drug Use and Health).
- ✓ Include data from State, local, and other needs assessments and reports.

Note: Applicants are not required to collect primary substance abuse prevention data to conduct this needs assessment. You may also wish to consider using the Assess Your Needs Module of the Prevention Decision Support System (www.preventiondss.org).

3. Gaps in Prevention Programs/Services

Describe current gaps in prevention and early intervention services that must be filled to meet the needs of the newly targeted population.

- ✓ Identify, describe and justify specific types of needed prevention services for the target population.
- ✓ Identify and describe existing evidence-based prevention and intervention services and programs applicable to the selected target population throughout the State.
- ✓ Describe and justify the methods that will be used to identify and fill gaps in needed prevention services for the target population
- ✓ Describe how age, culture, ethnicity, language, gender and disability issues within the State’s diverse population will be considered.
- ✓ Describe how the State will identify and implement evidence-based prevention and intervention approaches for the new target population.

Identify and describe existing effective, and culturally competent prevention and intervention services and programs applicable to the new target population throughout the State. Describe any new programs that will need to be developed to address cultural competence needs of the target population and for target communities.

4. Prevention Funding Streams and Resources

Describe how the State proposes to coordinate, leverage and redirect prevention funding streams and resources to fill identified gaps in prevention programs and services to meet the needs of the newly targeted population. Your Plan should outline the proposed process for achieving the following tasks:

- ✓ Identify all current prevention funding streams and resources in the State for the new target population.
- ✓ Depict such funds and resources in a graph/chart format, showing how they are being used.
- ✓ Describe how the Governor proposes to coordinate and leverage SIG Enhancement funds with other funding prevention funding streams to address the needs of the new target population.
- ✓ Describe the State's proposed approach for selecting and issuing subrecipient awards to community-based entities.
- ✓ Identify potential State and local entities that will participate in the subrecipient awards process.

5. Improved Collaboration and Coordination

With respect to the newly targeted population, describe what steps the State will take to improve overall collaboration and coordination among State agencies and policies so as to:

1) optimize prevention and early intervention resources; and 2) further develop capacity and infrastructure.

Include such elements as the functions of the State-level Advisory Committee, assessment of prevention funding streams and resources for the target population, and proposed approach to coordinate and leverage such funding.

6. Technical Assistance

Identify technical assistance needs in prevention and early intervention for the identified target population throughout the State.

- ✓ Describe and justify how the State will identify and address technical assistance and training needs and resources to support the goals and objectives of the SIG Enhancement Program.
- ✓ Include a discussion of how technical assistance will be handled in collaboration with the Centers for the Application of Prevention Technologies (CAPTs).

7. Community Readiness

Describe what steps the State will take to develop capacity and readiness to promote and support the implementation of evidence-based prevention and intervention programs and services in communities aimed at the target population.

Note: Community readiness, in this context, has to do with the community's awareness of, interest in, and ability and willingness to initiate and support substance abuse prevention efforts.

Determine capacity and readiness in such areas as: strategic leadership; systems, processes or dimensions of human resources; core resources; infrastructure, technology and finance; program management; and process management

Section C: Project Management and Staffing Plan (15 points)

Provide a project plan to effectively manage and staff the State's proposal. Include the following:

- ✓ Key project management functions and positions proposed for the SIG Enhancement Grant
(Note: Do not include biographical sketches for individual project staff in this section; if applicable, they are to be included in Section G to substantiate this description.)
- ✓ Relevant State resources and participating State agencies available to support the overall program.
- ✓ The structure and processes to be used to ensure significant involvement and oversight of the SIG Enhancement Grant by the Office of the Governor,
- ✓ The process by which the State will enhance its SIG Advisory Committee to include representation for the newly identified target population.
- ✓ A timeline showing all startup, implementation and evaluation tasks for Year One.

Section D: State-wide Data Collection and Evaluation Plan (15 Points)

The evaluation plan should describe the applicant's proposed approach for carrying out the following key tasks related to data collection and analysis: (Please also refer to

Appendix C, Guidelines for Project Evaluation.)

- ✓ Outline the outcome evaluation plan and statistical analysis approach to be conducted in previously-funded SIG communities (including additional data to be gathered, from which populations, in which communities, at what time intervals, and for which SIG-funded programs).
- ✓ Describe and justify a process and outcome evaluation plan to be conducted in newly-funded SIG enhancement communities, including data collection, analysis and reporting plans at the State, sub-State and program levels.

Additionally, your State-wide Data Collection and Evaluation Plan should explain how the State will:

- ✓ Identify the appropriateness of methodologies, both qualitative and quantitative, for data collection and analysis in the new targeted populations.
- ✓ Document how core performance measures will be incorporated into the data collection and analysis plan.
- ✓ Allocate appropriate resources, including qualified staff time.
- ✓ Identify methods of data collection, storage, analysis and interpretation, including evaluation tools/instruments, both qualitative and quantitative, to be used.
- ✓ Document lessons learned, barriers and challenges to implementation of the evaluation plan, and proposed solutions to these challenges.

- ✓ Participate in the national SIG cross-site evaluation, especially as it evolves and grows in conjunction with newly-funded SIG States and communities.

NOTES:

1) As part of your Application, all Supporting Documentation (Sections E-H) should be provided immediately following Sections A-D of the Narrative.)

2) Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

SAMHSA's Participant Protection Requirements

Part II of the RFA provides a description of SAMHSA's Participant Protection Requirements and the Protection of Human Subjects Regulations.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding. See Part II of the RFA for more information on participant protection.

You must address each element regarding participant protection in your supporting documentation. If any one or all of the elements is not relevant to your project, you must document the reasons that the element(s) does not apply.

This information will:

1. Reveal if the protection of participants is adequate or if more protection is needed.

2. Be considered when making funding decisions

Projects may expose people to risks in many different ways. In this section of your application, you will need to:

- Identify and report any possible risks for participants in your project.
- State how you plan to protect participants from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

Each of the following elements must be discussed:

– Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- Discuss risks that are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

△ Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

▽ Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services even if they do not complete the study.

⇔ Data Collection

- Identify from whom you will collect data; for example, participants themselves, family members, teachers, others. Describe the data collection procedure and specify the sources for obtaining data; for example, school records, interviews,

psychological assessments, questionnaires, observation, or other sources. Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

⇐ Privacy and Confidentiality:

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

↑ Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary,
 - Their right to leave the project at any time without problems,
 - Possible risks from participation in the project,
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include sample consent forms in Appendix 3, titled “Sample Consent Forms.” If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data.
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

⇒ Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA’s policies and special considerations requirements related to this program are found in **Part II** of the grant announcement.

The following special topics are relevant to the SIG Enhancement Cooperative Agreement:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2000
- Consumer Bill of Rights and Responsibilities
- Promoting Nonuse of Tobacco
- Supplantation of Existing Funds
- Letter of Intent

- Coordination with Other Federal/Non Federal Programs (Include response in Appendix 1 of your Application)
- Single State Agency Coordination
- Intergovernmental Review (E.O. 12372)
- Public Health System Reporting Requirements
- Confidentiality/SAMHSA Participant and Human Subject Protection (Note: Provide your responses to Participant Protection under Supporting Documentation (Section I) in your Application. Provide your response to Data Collection Initiatives/Interview Protocols (Item 4 of Participant Protection) in Appendix 2 of your Application; and Sample Consent Forms [Item 6 of Participant Protection] in Appendix 3 of your Application.)

Appendix A: Applicant Resources

Centers for the Application of Prevention Technologies (CAPTs)

The CAPTs are the major national resource supporting the dissemination and application of substance abuse prevention programs that are scientifically sound and effective at the state and community levels. The CAPTs are prominently placed programmatically within SAMHSA/CSAP's Targeted Capacity Enhancement (TCE) program.

The CAPTs' primary clients are States receiving funds through SAMHSA/CSAP's State Incentive Cooperative Agreements for Community-Based Action (SIGs) program. Secondary clients include non-SIG States, U.S. Territories, Indian Tribes and tribal organizations, local communities, substance abuse prevention organizations, and practitioners.

Since 1997, the CAPTs have provided essential services to their clients in all fifty States and to thousands of prevention organizations across the country. Among the strategies that each CAPT uses are:

- X Establishing of technical assistance networks using local experts from each region
- X Convening of a regional advisory committees and learning communities
- X Conducting training conferences and workshops to promote skill development in prevention methods related to evidence-based models of prevention; and
- X providing direct services to their clients via technical assistance and technology transfer

More information about the CAPTs is available through the website www.captus.org.

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

SAMHSA's NCADI is a one-stop resource for information about substance abuse problems. NCADI's public library has more than 80,000 journals, newspapers, magazines, and reference books, plus equipment for reviewing audiotapes and videotapes. The Clearinghouse also provides access to 11 computer data bases, including the Educational Resources Information Center (ERIC) of the U.S. Department of Education, the ETOH data base of the National Institute on Alcohol Abuse and Alcoholism, and the bibliographic data base of the Centers for Disease Control and Prevention's Office on Smoking and Health. NCADI's own Prevention Materials Data Base lists more than 8,000 prevention products, such as curricula, videocassettes, posters, brochures, specialty items, and educational material.

You may call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800 729-6686; TDD: 1-800 487-4889; or click on the NCADI link through the SAMHSA web site at www.SAMHSA.gov.

CSAP's Prevention Decision Support System (DSS)

CSAP encourages all SIG applicants to make use of this valuable repository of information resources and web-based tools designed to assist States and communities in planning and making decisions concerning substance abuse prevention programs. CSAP's DSS web site (www.preventiondss.org) promotes scientific methods and programs for substance abuse prevention. The DSS is designed to actively guide practitioners and State systems toward making well-informed decisions concerning a broad range of prevention programming options. Its seven-step approach to on-line technical assistance, training and other resources identify "best and promising" approaches to needs assessment, capacity building, intervention program selection, evaluation and reporting. PreventionDSS also provides States and communities with on-line evaluation for collecting and managing process and outcome evaluation data as well as information about Substance Abuse Block Grant programs.

A CD Rom tutorial is available from SAMHSA/CSAP by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) at the following numbers: 1-800 729-6686; TDD: 1-800 487-4889; or click on the NCADI link through the SAMHSA web site at www.SAMHSA.gov.

For more information, you may access the DSS directly at www.preventiondss.org.

Appendix B: Data Reporting Requirements

SIG State awardees will agree to provide data responding to the Government Performance and Results Act of 1993 (GPRA), the White House Office of National Drug Control Policy (ONDCP), the National Cross Site Evaluation and Healthy People 2010 reporting requirements that are relevant to the SIG program. These and any other reporting requirements will be mutually agreed upon by the SIG Advisory Committee and CSAP.

CSAP's GPRA Strategy

The Government Performance and Results Act of 1993 (Public Law- 103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three- to five-year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President’s Budget and supporting documents.

The GPRA Measures relevant to the SIG program are as follows:

1. Increase State collaboration rating in the following areas:
 - a) prevention service delivery
 - b) prevention legislation/policies
 - c) use of prevention-related resources
2. Decrease past month substance use for youth and young adults, ages 12 to 25
3. Increase the number of science-based programs being implemented by local subrecipients in SIG States.

CSAP’s GPRA Client Outcome Measures for Discretionary Programs (commonly referred to as the GPRA “Cross Cutting Tool”) should be consulted and used as part of this important program-level reporting process.

Note: This document is contained in the kit that accompanies this grant announcement, and may also be accessed through CSAP’s Prevention Decision Support System, located on the website www.preventiondss.org. (Click on the “Search” link at the top of the home page. Type GPRA in the Search Box. Click “Search DSS Portal”; then select the link called “Government Performance Outcome Measures (GPRA) Sample Instrument (PDF).” View a PDF example of a GPRA evaluation instrument, which CSAP and other federal agencies use to collect certain basic information about prevention activities funded by the federal block grants and other funding mechanisms.

CSAP's Core Outcome Measures

Use of CSAP's Core Outcome Measures for SIG Program data collection and evaluation is required per OMB approval 0930-0230.

The CSAP Core Outcome Measures relevant to the SIG program are as follows:

At the State and community levels:

- X Augment existing State and/or community-level surveys with CSAP Core Measures where applicable and appropriate

At the Program level:

- X Collect pre- and post-test data on as many local programs as possible using the CSAP Core Measures. At a minimum, pre- and post-data will be collected and analyzed from one or more programs across at least three domains with a "number" sufficient for statistical significance.

The CSAP Core Measures Initiative may be accessed through CSAP's Prevention Decision Support System, located on the website www.preventiondss.org. Go to [preventiondss.org](http://www.preventiondss.org); Scroll down to "Links to More Resources...."; Click on GO; Scroll down to "CSAP Core Outcome Measures Initiative"; Click on "CSAP's Core Outcome Measures"; Click "Here to Continue"; Click on "CMI Viewer"; that last click will give you access to each of the domains, constructs and recommended instruments in the Core Measures.

White House Office of National Drug Control Policy Performance Measures of Effectiveness (ONDCP PME's)

The ONDCP PME's for substance abuse prevention encompass performance goals related to the following constructs:

- 1) youth perception of risk
- 2) youth disapproval of use
- 3) reduce past 30 day use by youth
- 4) increase age of first use
- 6) reverse upward trend of marijuana use by youth
- 7) reduce prevalence of past month use of other illegal drugs and alcohol by youth
- 8) reduce tobacco use by youth

The ONDCP PME's are available through the following web site:

<http://www.whitehousedrugpolicy.gov/prevent/reference.html>. Alternatively, you may go through the www.preventiondss.org website. Use the Search feature and type in "ONDCP Reference Guide" and check "Find matches containing all of these words." Click on "Search PreventionDSS Database."

Healthy People 2010

The Healthy People 2010 Objectives that are leading health indicators include three topics under substance abuse prevention: alcohol and illicit drug use by adolescents, illicit drug use by adults and binge drinking by adults. The full text of the U.S. Dept. of Health and Human Services' Healthy People 2010 objectives on Substance Abuse Prevention can be found in Chapter 26 of the voluminous document, *Tracking Healthy People 2010*.

This document is available at <http://www.cdc.gov.nhchs/hphome.htm>.

Data Access, Sharing and Publication

45 C.F.R. 74.36(a) provides that the recipient may copyright any work that is subject to copyright and was developed under a grant. SAMHSA reserves a royalty-free, nonexclusive and irrevocable right to publish or otherwise use the work under a grant. In this regard, SAMHSA plans to use the data under the grant and to publish the results of the data. Study sites are required to share their data and associated data documentation as soon as the data are cleaned, coded, and ready for analyses by SAMHSA/CSAP, including the relevant Program Coordinating Centers (PCCs) and CSAP's Data Coordinating Center (DCC). These data will be used to perform cross-site (PCC) and cross-program (DCC) analyses.

The specific, common data to be submitted to the PCCs and DCC will be communicated shortly after award and, where applicable, be determined by consensus of the program's steering committee. The data will be submitted according to an agreed-upon schedule and will include, at a minimum, data to meet programmatic and CSAP GPRA requirements (including demographics and relevant intervention characteristics) and any other core measures deemed appropriate by the steering committee and/or necessary to address ONDCP's Performance Measures of Effectiveness and Healthy People 2010. If no steering committee exists, common data requirements will be determined as defined by the individual program. Data typically are submitted by grantees to the PCC who will then forward copies to the DCC. Where no PCC exists, data will be forwarded to the DCC by CSAP program staff.

Those entities (e.g., the PCC, the DCC) that will have responsibilities for and access to the data will strictly follow all regulations and protocols concerning protection of human subjects, confidentiality, and privacy. All steering committee agreements (e.g. publication policies, guidelines about sensitivity to cultural issues) will be honored.

Model Substance Abuse Prevention Programs

CSAP's Model Program web site (www.samhsa.gov/csap/modelprograms) is for everyone involved in preventing substance abuse and creating positive change in the lives of youth.

Applicants may wish to visit this website to:

- X access materials on how to implement and evaluate your community's model substance abuse prevention program
- X request training and technical assistance from program developers
- X link to numerous prevention and funding resources
- X check out and order many free publications on all model programs and the latest in science-based substance abuse prevention

The successful model programs featured on this web site can be replicated at the community level--adopted in their entirety or used to guide improvements or expanded services in an existing substance abuse prevention program.

Note: CSAP is currently gathering model program data that are relevant to the target populations for this program (i.e., very young children ages 0-6 and young adults ages 18-25). As these data on these programs become available, they will be posted to the Model Programs website.

CSAP's National Registry of Effective Prevention Programs (NREPP)

The NREPP is a system to catalogue and assess formally evaluated substance abuse & related prevention programs sponsored by Federal agencies, State governments, local communities, foundations, non-profit organizations, and private sector businesses.

Programs nominated for the NREPP may be innovative interventions, replications of interventions (including cultural or local adaptations of existing programs) or programmatic research (multiple studies) in a specific area which has evolved over time and is submitted for overall consideration, rather than as a single intervention trial. Programs that are determined to have been well-implemented, thoroughly evaluated; and produced consistently positive and replicable results may become Model Programs. In order to become models, programs must also be ready for dissemination (i.e., they must have well developed program materials and/or training programs).

Programs become part of the NREPP by submitting journal article(s); and/or final project outcome evaluation reports. Teams of trained evaluators independently rate programs based on 15 dimensions to determine the quality of the program in question. Programs rated as model programs are those that are well-implemented, are rigorously evaluated, and have consistent positive findings (integrity ratings of "4" or "5").

Appendix C: Guidelines for Project Evaluation

Applicants should use the following guidelines in developing their SIG evaluation design, as appropriate:

a) State-wide Characteristics

Demographics (e.g., population size, age, race/ethnicity, culture, gender, urban/rural distributions);

Current data specific to marijuana, tobacco, alcohol and drug use and problem identification; and

Expenditure patterns of State resources for substance abuse prevention.

Description and organizational chart of current and proposed state-wide prevention funding streams.

b) Project Description and Characteristics

Structure (e.g., involvement of public, private and grassroots organizations; youth representation; parent representation; existing and evolving service programs; changes in prevention services structure over time);

Focus (e.g., prevention focus prior to and after CSAP funding);

Operation (e.g., State-wide networking characteristics; allocation of resources);

Capacity (e.g., human and organizational resources allocated for prevention).

c) Measure Activities to Enhance the Community Environment

Outreach and promotional activities aimed at increasing interest and participation of the community in prevention (e.g., media events, health awareness fairs, cultural events, public service announcements);

Strategic activities related to ongoing substance abuse prevention efforts, approaches and projects and related measurable outcomes (e.g., community education, drug testing, after-school programs for youth, alternatives to incarceration, violence prevention activities, family education and support programs);

Policy and legislative activities at the State and community levels (e.g., tobacco-free environments, alcohol-free public events, curfew and truancy laws, driver's license revocation, open container laws, alcohol sales restrictions);

Outreach and promotional activities intended to maintain and increase support for the project, as well as to raise awareness of substance abuse problems and issues (e.g., media campaigns, billboards, bumper stickers, newsletters);

Development activities aimed at changing State and community conditions that affect long-term substance abuse problems (e.g., developing and supporting grassroots organizations, town hall meetings and forums, youth councils, housing development strategies, job training and entrepreneurial programs);

Coordination/collaboration among prevention service programs; and

Service delivery systems of the State (e.g., development of new services and spinoffs; reduced duplication of existing services; non-competition of existing services)

Evaluation Data Collection Procedures

In the comprehensive State-wide Evaluation Plan, the applicant should include a detailed description of the work to be done with subrecipients and programs in the proposed data collection approach, to encompass the following: a schedule for conducting the evaluation, strategies for data collection, processing, control, and storage, and a description of the types of analyses to be performed.

Evaluation data should be collected, analyzed, and synthesized into concise documents and reports; these and other materials should be made available to the Governor's Office, Single State Agencies, and SAMHSA/CSAP, as stated in the Terms and Conditions of the cooperative agreement award.

Note: Information collection and reporting required by this solicitation may be subject to approval by the Office of Management and Budget (OMB).

CSAP's State Data Collection Activities: States are urged to consider using reporting mechanisms in SAMHSA/CSAP's State Needs Assessment process and Minimum Data Set Program found on www.preventionondss.org; and other data sources (e.g., National Household Survey on Drug Abuse, DAWN, Monitoring the Future, Pulse Check) as part of their design.

Needs Assessment Studies typically provide State and county level data on incidence and prevalence, levels of risk and protective factors for sub-populations and on current or needed prevention services. As such, needs assessment data should be used to provide useful information for the following sections of the application: 1) program background--current level of State-wide drug abuse trends and current resources; 2) Phase 2--results of assessing risk factors and services should be used to contribute to the criteria developed for selecting subrecipients with appropriate programs for addressing those risks; and 3) evaluation plan indicators measured through needs assessments should be used at the program level using the same or modified instruments. Needs assessment data can also be used for comparison purposes, to follow trends (e.g., on Statewide demographics and levels of drug and alcohol problems), and to identify differences at local levels.

CSAP's Minimum Data Set 3.2 (MDS). The MDS-3 is a web-based group level process evaluation tool that can collect and report data on the number and types of programs and activities by the six prevention strategies and on the number and demographic characteristics of program participants. As such, use of MDS 3.2 materials will provide information for the following sections of the SIG application: 1) program process measure background-a description of current prevention programs and those being served; 2) Phase 2 of the Implementation Plan - the use of MDS 3.2 identification of gaps in services and underserved populations in developing subrecipient selection criteria; and 3) evaluation plan-the use of MDS 3.2 information on programs and activities covering the six prevention strategies. Materials include data collection forms, software, manuals and reporting formats at the provider, local, State and federal levels.

MDS 3.2 is also developing data collection procedures, materials and schedules, which can provide information for the following sections of the application: 1) Phase 2 of the Implementation Plan - the use of intermediate and outcome data in developing subrecipient selection criteria; and 2) evaluation plan-the use of intermediate and outcome data resulting from MDS 3.2 participation to demonstrate effectiveness at the substate and program levels. Applicants who require further details about MDS 3.2 should contact Mr. Augie Diana, SAMHSA/CSAP, at 301-443-0369.

National Cross Site Evaluation

SIG awardees will work collaboratively with a CSAP-sponsored national cross-site evaluation. The evaluation will emphasize the aggregate lessons learned across all SIGs. Data collection focuses on the SIGs' efforts to reduce substance abuse at the state, community, and program levels and on the outcomes at these three levels.

The SIGS will participate in the National Cross Site Evaluation by doing the following:

- X Sharing process, capacity and outcome data with CSAP at all three levels. (To minimize duplication of data collection);
- X Using common conceptual frameworks to design process instruments;
- X Using CSAP's Core Measures in assessing prevention outcomes at the program level;
- X Attending periodic meetings to review evaluation procedures and results;
- X Participating in a list serve with other SIG evaluators and a cross-site team;
- X Responding to ad hoc queries by the team to support inquiries from SAMHSA officials and congressional staff about the SIG program.

Note: A copy of the Evaluation Conceptual Framework can be accessed through CSAP's Decision Support System (DSS) website, at www.preventiondss.org; and through SAMHSA/CSAP's Model Programs website at www.samhsa.gov/csap/model_programs.